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EPA		POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION	SITE NUMBER (to be assigned by Hq)
				VI	TX 2674
<b>NOTE:</b> This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.					
<b>GENERAL INSTRUCTIONS:</b> Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-333), 401 M St., SW, Washington, DC 20460.					
<b>I. SITE IDENTIFICATION</b> <i>AMERICAN PETROFINA</i>					
A. SITE NAME BP OIL COMPANY		B. STREET (or other identifier) P. O. Box 849*			
C. CITY Port Arthur		D. STATE TX	E. ZIP CODE 77640	F. COUNTY NAME Jefferson	
G. OWNER/OPERATOR (if known) 1. NAME American Petrofina Ken Suiter, Plant Manager		2. TELEPHONE NUMBER 713/962-4421			
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION BP Oil Co., was transferred to American Petrofina in July 1973. Form T2070-2 has been completed for American Petrofina, Hazsit, TX 4588 and is located in EPA Region VI files.					
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)				K. DATE IDENTIFIED (mo., day, & yr.)	
L. PRINCIPAL STATE CONTACT 1. NAME David Buchanan, TDWR District 6					
2. TELEPHONE NUMBER 713/883-2973					
<b>II. PRELIMINARY ASSESSMENT (complete this section last)</b>					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)					
Insufficient data in state files to determine whether potential hazard exist.					
C. PREPARER INFORMATION 1. NAME Barry Nash					
2. TELEPHONE NUMBER 214/742-6602		3. DATE (mo., day, & yr.) Nov. 11, 1980			
<b>III. SITE INFORMATION</b>					
A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)					
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):					
C. AREA OF SITE (in acres)		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.) JUN 10 1992			
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): REORGANIZED					

T2070-2 (10-79) \*Site at NW corner of 87 and FM 366

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IV. CHARACTERIZATION OF SITE ACTIVITY			
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.			
A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED			
V. WASTE RELATED INFORMATION			
A. WASTE TYPE			
<input checked="" type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. LIQUID <input type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS			
B. WASTE CHARACTERISTICS			
<input checked="" type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. CORROSIVE <input type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE <input type="checkbox"/> 6. TOXIC <input type="checkbox"/> 7. REACTIVE <input type="checkbox"/> 8. INERT <input type="checkbox"/> 9. FLAMMABLE <input type="checkbox"/> 10. OTHER (specify):			
C. WASTE CATEGORIES			
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.			
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.			
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS
AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS <input type="checkbox"/> (2) METALS SLUDGES <input type="checkbox"/> (3) POTW <input type="checkbox"/> (4) ALUMINUM SLUDGE <input type="checkbox"/> (5) OTHER (specify):	<input checked="" type="checkbox"/> (1) OILY WASTES <input type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS <input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS <input type="checkbox"/> (3) OTHER (specify):	<input checked="" type="checkbox"/> (1) ACIDS <input type="checkbox"/> (2) PICKLING LIQUORS <input type="checkbox"/> (3) CAUSTICS <input type="checkbox"/> (4) PESTICIDES <input type="checkbox"/> (5) DYES/INKS <input type="checkbox"/> (6) CYANIDE <input type="checkbox"/> (7) PHENOLS <input type="checkbox"/> (8) HALOGENS <input type="checkbox"/> (9) PCB <input type="checkbox"/> (10) METALS <input type="checkbox"/> (11) OTHER (specify):
			<input checked="" type="checkbox"/> (1) FLYASH <input type="checkbox"/> (2) ASBESTOS <input type="checkbox"/> (3) MILLING/ MINE TAILINGS <input type="checkbox"/> (4) FERROUS SMLTG. WASTES <input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES <input type="checkbox"/> (6) OTHER (specify):
			<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT. <input type="checkbox"/> (2) HOSPITAL <input type="checkbox"/> (3) RADIOACTIVE <input type="checkbox"/> (4) MUNICIPAL <input type="checkbox"/> (5) OTHER (specify):

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V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
Unknown				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify): _____	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): _____			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
4. WITH RESPECT TO (list regulation name & number): _____			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below): _____			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			